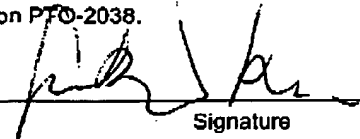
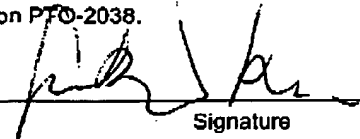
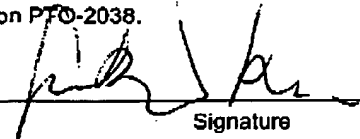


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PTO/SB/22 (08-03)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> <b>R0070B-REG</b>													
In re Application of: <b>Nancy Krauss, et al.</b>															
Application Number: <b>09/844,061</b>		Filed: <b>April 26, 2001</b>													
For: <b>p-(Sulfonyl)aryl and Heteroarylamines as Anti-inflammatory Agents</b>															
Art Unit: <b>1623</b>		Examiner: <b>Paul Ward</b>													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td><b>\$120.00</b></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> <b>The Director is hereby authorized to charge the above fee to Deposit Account No. 18-1700.</b></p> <p><input type="checkbox"/> .</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 31,259 <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). .</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td><u>September 8, 2005</u> Date <u>(650) 855-5311</u> Telephone Number</td><td> Signature <u>Grant D. Green, Reg. 31,209</u> (Typed or printed name)</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ form(s) are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>\$120.00</b>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<u>September 8, 2005</u> Date <u>(650) 855-5311</u> Telephone Number	 Signature <u>Grant D. Green, Reg. 31,209</u> (Typed or printed name)
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>\$120.00</b>														
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<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$														
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$														
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$														
<u>September 8, 2005</u> Date <u>(650) 855-5311</u> Telephone Number	 Signature <u>Grant D. Green, Reg. 31,209</u> (Typed or printed name)														

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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